

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 3247 OF 70573

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

REPUBLICAN NATIONAL COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ROBINSON, PATRICK, , ,

Mailing Address 5291 CARTARO DR.

City
LAS VEGASState
NVZip Code
89103-2405FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BULWERKSOccupation (for Individual)
SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M	D D	Y Y Y Y
12	03	2019

Transaction ID : SA11A.84163853

Amount of Each Receipt this Period

35.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBINSON, ROBERT, A., MR., SR.

Mailing Address 5474 MORGANFORD RD

City
SAINT LOUISState
MOZip Code
63116-2337FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M	D D	Y Y Y Y
12	03	2019

Transaction ID : SA11A.84160584

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ROBISON, BRIAN, S., MR.,

Mailing Address 18160 E CALEY CIRCLE

City
AURORAState
COZip Code
80016-1174FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ROB KRAFT INCOccupation (for Individual)
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M	D D	Y Y Y Y
12	03	2019

Transaction ID : SA11A.84163027

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►